

Interim Guidance for CCT Lead Organizations

Quality of Life Survey's

Code	Service	Miscellaneous Information	Instructions
S5190 TS	Wellness Assessment: Quality of Life Survey	Three per lifetime (\$100 each)	Units = 1 Frequency = 3 per lifetime Must submit one TAR per survey conducted.

TAR PROCESS

1. **Administer "Baseline" survey no earlier than 1 month** before transition and no later than 2 weeks after transition.
2. **Administer "1st Follow-up" survey 11 months** after transition.
3. **Administer" 2nd Follow-up" survey 24 months** after transition.

Pre-Transition Coordination (20 hrs.) (Separate TAR)

Code	Service	Miscellaneous Information	Instructions
G9012 U6	Pre-Transition Coordination	<p>Attach NEI, Facility Face Sheet, Assessment & Initial Transition & Care Plan to the TAR.</p> <p>From Date: Initial Date of Contact Thru Date: 90 days or less from date of Initial Contact and should match the date identified by signatory on the Initial TCP. <i>*DHCS Nurse will notify LO of authorize decision.</i></p>	<p>APPROVED Units = Submit TAR and bill for FULL 20 units @ \$45.43/hr. Frequency = 20 units</p> <p>DEFERRED Units = Submit TAR and Bill for time spent @ \$45.43/hr. Frequency = # of hours used</p>

Pre-Transition Coordination (100 hrs.) (Separate TAR)

Code	Service	Miscellaneous Information	Instructions
G9012 U6	Pre-Transition Coordination	<p>From Date: Day following the thru date of the initial 20 unit TAR.</p> <p>Thru Date: 365 days or less following start date of current TAR. <i>*DHCS Nurse will notify LO of authorize decision.</i></p>	<p>Units = Bill the # of hours spent from the pre-authorized 100hr. TAR @ \$45.43/hr. Frequency = Hours per month</p>

Habilitation also available Pre-Transition

Code	Service	Miscellaneous Information	Instructions
T2017 U6	Habilitation	\$11.36 / 15 minutes (\$45.44 / hour)	Units = number of 15 min. increments Frequency = # of increments per month (15 hour max)

Home Set-Up: Based on qualified housing arrangement. (3 mo. TAR claiming period)

Code	Service	Miscellaneous Information	Instructions
T2038 HT	Home Set-Up	<p>Submit 1 TAR according to housing arrangement and bill for the last receipt date as a total cost and then attach receipts to the claim (Xerox) when items are purchased. If waiting until the “last receipt date” affects your organizations cash-flow, simply submit TAR for each Home Set-Up item.</p> <p>If you need to go above the Household Set-up Cost Threshold submit a separate TAR with a NEW “from and through date” and attach justification. Keep “Receipt of Purchase” on record.</p>	<p>Units = Bill 1 unit Frequency = 1 per lifetime</p> <p>List total amount billed in misc. section</p>

Household Set-up Cost Thresholds	New Apartment	Established Housing	Group Home	ALW Facility
	\$5,000	\$2,000	\$2,000	\$1,000
	(Up to \$7,500) with additional justification)	(Up to \$7,500) with additional justification	(Up to \$7,500) with additional justification)	(Up to \$7,500) with additional justification)

USE EXISTING PROCESS FOR THE FOLLOWING...

S5165 HT Home Mod: Up to \$7,500, based on medical necessity.
(3 mo. TAR claiming period)

T2039 Vehicle Adapt: Up to \$12,000, based on medical necessity.
(9 mo. TAR claiming period)

T2028 Assistive Devices: Up to \$7,500 maximum per lifetime.
(9 mo. TAR claiming period)

Post-Transition Coordination

Code	Service	Miscellaneous Information	Instructions
G9012 U6	Transition Coordination [Transitional Case Management (TCM)]	<p>If total billing period is .49hrs. or less, round to 0hrs.</p> <p>If total billing period is .50hrs. or more, round to 1hr. @ \$45.44/hr.</p> <p>The hours are to be compiled per organization's billing cycle.</p>	<p>Units = Number of hours requested</p> <p>Frequency = Hours per month</p>
Code	Service	Miscellaneous Information	Instructions
T2017 U6	Habilitation	\$11.36 / 15 minutes (\$45.44 / hour)	<p>Units = number of 15 minute increments</p> <p>Frequency = # of increments per month</p>
Code	Service	Miscellaneous Information	Instructions
S5111	Family and Informal Caregiver Training	<p>If total billing period is .49hrs. or less, round to 0hrs.</p> <p>If total billing period is .50hrs. or more, round to 1hr. @ \$45.44/hr.</p> <p>The hours are to be compiled per organization's billing cycle.</p>	<p>Units = Number of hours to be used</p> <p>Frequency = Hours per month</p>
Code	Service	Miscellaneous Information	Instructions
T1019 U6	Personal Care Services before IHSS starts	\$3.62 / 15 minutes (\$14.48 / hour)	<p>Unit = 1</p> <p>Frequency = # of increments per month</p> <p>TARs must be approved prior to incurring PCS costs</p>

Please reference the "Post-transition Follow-up" guide below.

Post-transition Follow-up*				
Post-transition HCB Services – State Plan Services				
Service Code ➡ Post-transition HCB Services ↓	G9012 – U6: Transitional Case Management (TCM) Coordinated care fee, risk adjusted maintenance, other specified care management. Services to transition an eligible individual from a health facility to a HCB setting. (\$45.44 / hour)	T2017 – U6: Habilitation, residential, waiver Services to assist the CCT Participant in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in a participant's natural environment. \$11.36 / 15 minutes (\$45.44 / hour)	S5111: Home care training, family Family training services provided for the families of individuals served under the waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual's safety at home. (\$45.44 / hour)	T1019 – U6: Personal Care Services before IHSS starts Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship. \$3.62 / 15 minutes (\$14.48 / hour)
Informal Support / State Plan Services	<u>Months 1 – 3 after transition:</u> Face-to-face 2X / month <u>Months 4 – 12 after transition:</u> Face-to-face 1X / month Additional care coordination required for re-establishing care, if necessary	As required, (based on medical necessity) within the first 3 months after transition, capped at 50 hours	As necessary	N/A
In-Home Support Services	<u>1st Month after transition:</u> Face-to-face 2X / month <u>Months 4, 8 & 12 (Quarterly) after transition:</u> Face-to-	50 hours, post-transition (based on medical necessity)	As necessary	As required, (based on medical necessity) before IHSS starts, not to exceed 40 hours per week

In-Home Support Services (cont.)	<p>face 1X / month</p> <p><u>Months 2, 3, 5, 6, 7, 9, 10 & 11 after transition:</u> Phone call 1X / month</p> <p>Additional care coordination required for re-establishing care if necessary</p>			
Post-transition HCB Services – Waiver Services				
<p><u>Waiver Services</u></p> <p>NF/AH Waiver, Assisted Living Waiver,</p> <p>And other Waiver (AIDS, MSSP, SMHCP)</p>	<p><u>Months 1, 4, 8 & 12 (Quarterly) after transition:</u> Face-to-face 1X / month</p> <p><u>Months 2, 3, 5, 6, 7, 9, 10 & 11 after transition:</u> Phone Call 1X / month</p>	50 hours, post-transition (based on medical necessity)	N/A	N/A